

09/936,680

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. _____ FILING DATE _____

APPLICANT(S) _____

4/10/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		1	1			
5		1	1			
6		1	1			
7		1	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13		1	1			
14	1		1			
15		1	1			
16		1	1			
17		1	1			
18		17	1			
19		17	1			
20		17	1			
21		17	1			
22		17	1			
23		17	1			
24		17	1			
25		1	1			
26		1	1			
27		17	1			
28		17	1			
29		17	1			
30	1		1			
31		1	1			
32		1	1			
33	1		1			
34	1		1			
35		13	1			
36	1		1			
37	1		1			
38	1		1			
39			1			
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	176		16			
TOTAL CLAIMS	175		21			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS